

Medical Care Advisory Committee (MCAC)

Monday, April 12, 2021

Minutes

Members Present: Lisa Adams, Kathy Bates, Sai Cherala, Lisa DiMartino, Tamme Dustin, Ellen Keith, Paula Minnehan, Sarah Morrison, Ken Norton, Ronnieann Rakoski, Dr. Marie Ramas, Bill Rider, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Mel Spierer, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Nichole VonDette, Michelle Winchester **Alternates:** Dawn McKinney, Cheryl Steinberg, Heather Young

Members Excused: Peter Marshall

DHHS: Henry Lipman, Alyssa Cohen, Beth Daly, Leslie Melby, Jane Hybsch, Dawn Landry, Dr. Sarah Finne, Rob Berry, Patrick McGowan, Shirley Iacopino, Laura Ringelberg, Brian Clark, Janine Corbett

Guests: Senator Cindy Rosenberg, Lucy Hodder, Nick Toumpas, Deb Fournier, Audrey Gerkin, Bill Gunn, Jasmine Harris, Nicole St. Hilaire, Rich Sigel, Jesse Fennelly, Chris Allibrandi, Tory Jennison, David Thomas, Heidi Kroll, Stephanie Meyers, Dan Courter, Josh Krintzman, David Donohue, Pam Becker, Robert Clegg, Haven Andrews

Announcements, Carolyn Virtue, Chair

The Chair welcomed Senators Bradley, Daniels, Guida, Avard, Ward and Rosenwald who may join the meeting. She read the following statement into the record:

“The department added “Case Management Follow-up: SB 162, Sec. 71” to the agenda. The item is under the “Long Term Services and Supports” heading and I do not believe it belongs there. The SB 162 language was added by the Senate in regard to a Medicaid provider rule, He-P 819 and several associated State Plan Amendments. This SB 162 language was not added in regard to the LTSS program or its waivers. This is important to note in order to properly frame the discussions moving forward. I and others look forward to working with the department to ensure all of our provider rules are adequate to protect the citizenry as intended.

The department added the “Guidehouse Report” to the agenda. Please note this contracted work under discussion here began under “Navigant”. Navigant was purchased by Guidehouse in the fall of 2019. In addition to the items you received with today’s agenda, I sent a subsequent email with additional information. During the Alliance for Healthy Aging meeting on August 3, 2020, the report was referenced by department staff as having been completed. When asked for release of the report, a department staff person stated the department was “validating the stakeholder input through our data driven work”. Several more requests for the report followed from many different stakeholders and stakeholder groups. During the February meeting of the State Committee on Aging, the department gave a presentation on the findings of the report, but still, no report was released. The report and its findings were then referenced during the House Finance Budget discussions by department staff, but still no report was released. Subsequently, a demand for the contract deliverable was made at an Executive Council Meeting by Councilor Gatsas. Following which, a report dated March 12, 2021 was released. As a result of the 91-A request, we now know the work of the vendors, as included in the publicly released report, was revised at the direction of the department to “map to the Commissioner’s focus areas” and was “toned down a bit”. The toning down included the removal of stakeholder input, identified federal violations, recommendations for remediation and multiple other facets.

In the interest of transparency, I ask the department to release all of findings and recommendations made during the course of the Navigant/Guidehouse work. Given the volume of information surrounding this matter, asking members to submit questions today, does not provide ample time to review and consider the

information. In addition to accepting questions today, please extend the time frame for submitting questions to a minimum of two weeks out from the release of the agenda.”

Review/Approval: March 15, 2021 minutes. M/S/A

Long Term Supports & Services, Henry Lipman, Medicaid Director

The Guidehouse Report, [New Hampshire Long Term Supports and Services for Seniors & Individuals With Physical Disabilities, Findings and Recommendations](#) was posted on the DHHS website and sent to MCAC to inform members. Responses to questions submitted at today’s meeting and within the extended period will be provided in keeping with the Right-to-Know 91-a request. There were no questions today from members. Questions may be submitted to Leslie Melby for distribution.

Case Management Follow-up, Henry Lipman, Medicaid Director

The SB 140 section on case management licensure was moved to SB 162. The bill requires that DHHS meet with stakeholders, case management agencies, and providers to discuss potential licensure of case managers, propose legislation, and submit a report by Nov. 1, 2021.

Private Duty Nursing (PDN), Michelle Winchester

Due to the shortage of PDN and COVID-19, DHHS submitted an 1135 waiver to CMS and received approval to allow personal care in lieu of PDN to be provided by GSIL-credentialed family members. Statutes and other states solutions were researched by MCAC Member Michelle Winchester and presented to the Division of Medicaid Services as a white paper. Over the last 3 years, the unmet need (unfilled hours) for adults and children was 45% and 58%, respectively, the cause of which is complex and not simply due to the nursing shortage or reimbursement. Four short-term solutions are offered allowed under federal and state laws and the current NH State Plan.

1. Independent private duty nurses (PDNs): Allow employment of independent PDNs, which is not prohibited by law. DHHS is looking into allowing independent nurses to be qualified providers.
2. Nurse delegation: State law allows a licensed nurse to delegate a nursing task to a provider not otherwise authorized (PCA or LNA). Delegation is currently permitted for in-home care medication administration. The delegate must be trained, observed, deemed competent, and supervised. Authorization is limited to one client and not transferrable to other clients. The nurse delegating must ensure quality of care delivered.
3. Consumer-directed care: Care may be directed by the consumer or a family member/legal representative. Currently not available for medical services, only personal care.
4. Family members as providers: Payment for personal care services is allowed under federal law in certain instances, e.g. (1) if parent is a home health aide employed by a home health agency; (2) if child’s PCA cannot come to work, and the parent employed elsewhere as a PCA is able to fill in.

Outreach to families, including education on availability of supports, will be considered once the PDN personal care pilot is complete. Race and ethnicity were suggested for review. If members are aware of any equity issues, contact Henry Lipman. This topic will be kept on the agenda for policy and funding changes.

Vaccine Rollout, Beth Daly, DrPH, Infectious Disease Control

Anyone in NH, resident or not, including college students, qualifies for the COVID vaccine as of April 19th. Three vaccines are available. Those with medical contraindications to one of the vaccines may be

referred *by their provider* to a hospital for a different vaccine. Pfizer has requested emergency use authorization for children aged 12-15 years.

There are over 100 vaccination sites in NH, including hospitals, supersite events, pharmacies, and regional public health network (RPHN) clinics. Special populations (homebound, equity, schools) are vaccinated at RPHN clinics.

Over 187 million vaccines administered nationwide; 22% of the population is fully vaccinated. NH has administered 837,000 first and second doses, with 21% fully vaccinated and 41% having received the first dose. About 60% of those eligible have chosen to be vaccinated. More than 77% of people 65+ (not including residents in long term care facilities) have received at least one vaccine. Vaccine hesitancy is now being addressed.

The state is partnering with community mental health centers (CMHCs) to vaccinate individuals with severe and persistent mental illness and to homeless and transient populations who would benefit from the one-dose J&J vaccine. Providers may also use the medical referral process to target individuals for a specific vaccine. NH is not currently targeting one vaccine for specific populations, but making the process as equitable as possible using all avenues of distribution.

Update on Final CMS Rules on Interoperability Impacting Medicaid, Lucy Hodder, Director, Health Law & Policy, UNH School of Law

Federal rules on interoperability, price transparency, and patient access to protected health information are changing the way health systems and health plans communicate with patients. The final interoperability rules allow patients to move from payer to payer, provider to provider, and have their clinical and administrative information travel with them. By promoting interoperability, the patient's data must go where the patient goes.

The final rule ensures patients have transparent and convenient access to their electronic health record; updates standards for exchange; requires support for modern computing standards; and ensures health information follows the patient by preventing industry-wide information blocking practices.

Admission discharge and transfer event notifications: improve patient care, enhance care coordination, reduce duplication of services. Applies to all hospitals.

Hospital price transparency: All hospitals must provide clear, accessible pricing information about items and services. The intent is to deliver better value and results for patients, and to provide patients the ability to price shop and calculate out-of-pocket costs.

Interoperability and patient access rule: Focuses on enhanced patient access to health information, coordinated care between payers, accurate provider directory information, and interoperability between agencies. Privacy is an exception to the prohibition against information blocking. COVID emergency waivers allow enhanced care and communication including telehealth.

Care Coordination and Closed Loop Referrals: Care coordination ensures patients can navigate a complicated system of care to achieve better outcomes. A closed loop referral secures the right resources for patients at the right time to ensure their needs are met and ensures the continuum of care is available and supports the patient.

The closed loop referral is a tech-enabled workflow to provide a real-time view of the patient's status, while exchanging data amongst the team, assigning tasks, and reporting outcomes. Concerns re: easing

restrictions on PHI disclosure and the associated reduction in privacy protections are balanced with ensuring that patients have access, care is not compromised, and decisions are not interfered with.

Planning for the End of the Public Health Emergency (PHE); Medicaid Coverage During PHE and Redeterminations, Lucy Hodder, Director, Health Law & Policy, UNH School of Law

The Families First Coronavirus Response Act provided a 6.2 percentage point increase in the federal match rate (FMAP). The maintenance of effort provisions include the requirement to keep beneficiaries enrolled until the end of the month when the PHE ends; prohibition from adopting more stringent eligibility criteria; and moving beneficiaries into categories with equivalent benefit levels.

The current PHE is currently extended through 4/21/21, but expected to continue through Dec 2021. States will receive 60 days' notice before the PHE ends. Members' Medicaid coverage will not be terminated during the PHE except for very limited circumstances.

During the PHE members should continue to report changes in income, household members, and contact info; complete renewals when due. Members will not lose coverage for reporting changes to their eligibility. DHHS will keep records up to date. If people submit information now, they can extend their coverage for another year. This will avoid a sudden drop off at the end of the PHE.

About 63,000 beneficiaries have been protected during the PHE and at this time, up to 22,000 may be ineligible once the end PHE ends. The Department needs help getting information out so members can maintain coverage. To prepare for the end of the PHE, DHHS is doing everything possible to ensure continued coverage for eligible members, including developing resources and messaging. DHHS will continue to process enrollments and redeterminations, notify members about protections and benefits of submitting information, engage stakeholders in outreach strategies, and conduct outreach to members and communities. In May, members will be notified that the PHE protects them, as well as the benefits of submitting up-to-date information. In June, stakeholders will be informed about their clients who need assistance in the renewal process. DHHS will engage other state agencies to conduct outreach and shared messaging. Other options for assistance are under review.

Rule: MEAD, He-W 504, Robert Berry, General Counsel, Medicaid

A revised draft of the MEAD rule is under review. More information will be available next month.

Due to lack of time, the external quality review Q&A, and the American Rescue Plan will be discussed at next month's meeting.

Department Updates, Henry Lipman, Medicaid Director

- Agency/Governor/House Budget, FY 2022/2023: will be presented to the Senate May 3rd.
- Disability Determinations: Updated chart was emailed to MCAC. Further explanation of uptick not yet available. Will continue to provide updates.
- Adult Dental Benefit: The Senate passed legislation to expand the benefit. The next step is to include the appropriation in the budget.

Membership Committee, Jonathan Routhier, Vice Chair

The committee met to review members with expiring terms. No members are stepping down, so there will be no openings for the coming year. Mel Spierer announced his retirement. Need to determine whether his seat is organizational or individual. Membership election will take place June 14th.

Motion to adjourn. M/S/A